

Please print clearly and complete all sections of this form.

Course Title: _____ Course Begin Date _____

Course Code: _____ Course Session if Applicable _____

Employee Name: _____ Employee ID #: _____

Department: _____ Division: _____ Town _____

E-mail: _____ Office Phone _____

Alternate phone (for short notice communication) _____

Name of Immediate Supervisor: _____ Phone: _____

Supervisory Development Program applicants:

Are you currently supervising other staff?

☐ Yes

☐ No

SIGNATURES

Supervisor:

Authorizing Signature for Expenditures*:

*If there is a charge for this course and/or textbooks, you must obtain the signature of the individual in your department who approves expenditures.

You Should Know:

- You will receive an e-mail confirming your enrollment in the course or informing you that the class is full.
- If you do not receive an email within 3 business days of sending this form please check with us.
- If the course is full, please check our course roster on our website periodically for its next scheduled date. We do not maintain a waiting list.
- Sign Up Early! If the minimum course enrollment is not reached ten working days before the course begins, the course may be cancelled.
- If you require any special accommodations for training, please call The Summit at 828-2751 prior to the start of the class.

Mail Registration to:

The Summit: Center for State Employee Development
439 Industrial Lane
Berlin, VT 05641

Or Fax Registration to:

802-828-2809

(You do not need to send a hardcopy if you fax the form)